



New Bedford Police Department

Central Records Bureau

871 Rockdale Avenue, New Bedford, MA 02740
Phone: 508-991-6300 x-79406 Fax: 508-979-1566

JONATHAN F. MITCHELL
Mayor

JOSEPH C. CORDEIRO
Chief of Police

PAUL J. OLIVEIRA
Deputy Chief

December 3, 2019

Via email to 83415-99191488@requests.muckrock.com

Adrien Salzberg
MuckRock News
DEPT MR 83415
411A Highland Ave
Somerville, MA 02144-2516

Re: Public Records Request for department forms and policies

Dear Adrien,

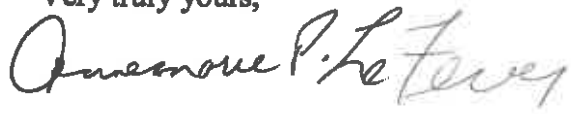
This is in response to your recent request for information to the New Bedford Police Department pursuant to the provisions of M.G.L. c. 66, section 10 (the "Public Records Law"). You specifically requested the following:

- Copies of all forms currently used by the department to evaluate an officer/candidate's ability to speak, read, and write languages other than English.
- Copies of department policy on interacting with deaf and hard of hearing individuals
- Copies of department policy related to American Sign Language, if any
- Copies of forms currently used by the department, if any, to evaluate an officer/candidate's knowledge of American Sign Language
- If there exists documentation, such as spreadsheets, of which officers are currently certified as speaking any second language (e.g. Spanish, Vietnamese,) please include this as well.

The New Bedford Police Department has identified two records responsive to your request, the New Bedford police officer employment application form and General Order 10-4, "Enhanced 9-1-1 Emergency Telephone System." Enclosed please find a copy of each of the two responsive records.

You have the right to appeal this determination to the Supervisor of Records under 950 CMR 32.08(1) within 90 calendar days of this response. Any appeal shall be in writing and include a copy of your original request and this letter. By law, the Supervisor is required to respond within 10 business days of receipt of your appeal. You may also seek judicial review of an unfavorable response by commencing a civil action in the superior court under G.L. c. 66, section 10A(c).

Very truly yours,

A handwritten signature in cursive script, reading "Annemarie P. LeFever". The ink is dark and the signature is fluid.

Officer Annemarie P. LeFever
New Bedford Police Department
Records Access Officer

Enc. New Bedford Police Officer Employment Application Form
General Order 10-4, "Enhanced 9-1-1 Emergency Telephone System"



**CITY OF NEW BEDFORD
MASSACHUSETTS
DEPARTMENT OF POLICE**

**871 Rockdale Avenue
New Bedford, MA 02740-2705
508-991-6300**

Police Officer Employment Application

Check Position Sought: _____

Application Date: _____

To The Applicant,

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

I, _____, hereby certify that all answers made and information attached in this application packet is true and complete. I understand that false, incomplete or misleading information given herein may be sufficient cause for disqualification and or termination from employment with the New Bedford Police Department.

Printed Name: _____

Signature: _____

Date: _____

The Federal Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability, (as does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful in our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

***Thank you for completing this application and your interest in employment with the
New Bedford Police Department.***

PERSONNAL HISTORY

Date of Birth: _____ (Note: To be used only to check records.)
 Month Day Year

FORMER SPOUSE: Complete the following about your former spouse(s).

Full Name _____ Date of Birth _____ Place of Birth _____ Social Security No. _____

Country of Citizenship _____ Date Married _____ Place Married _____ State _____

Check one of the below, then give date: Month/Day/Year. If Divorced, where is the record located (City/State/Country)?

Divorced _____ Widowed _____

Address of Former Spouse:

Street _____ City / State _____ Country (if outside US) _____

List all persons residing in your household and their relationship to you;

Name of Person	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

How long have you lived your current address? _____

Provide neighbors' name, address and telephone number who can verify above.

Name	Address	Phone

In reverse chronological order, please state every place you have resided within the past ten years. Include addresses while attending school, if away from home, and all military addresses.

From Month/Year	To Month/Year	Address	(Apt. #)	City/Town	State	Landlord's Name and Telephone #

Do you currently: own a home ☐ rent ☐ live with parents ☐ other ☐?

If other, please elaborate: _____

If you own a home, provide the name, address, and phone number of mortgage holder.

Mortgage Holder: _____ Phone: _____

Address: _____

Do you own any other real estate?

Yes ☐ No ☐

If yes, provide details.

Address	State	Mortgage Held By	Mortgage Holder's Phone	Type of Property (Residential, Rental, Commercial, etc.)

Are you lawfully eligible for employment in the United States? Yes ☐ No ☐

Are you a United States citizen? Yes [] No []

Are you a Naturalized citizen? Yes [] No [] If yes, provide Naturalization # _____

Have you previously submitted an application for any employment with the City of New Bedford?
Yes [] No []

If yes, provide the position and date applied.

Have you previously submitted an application for employment with any other law enforcement agency (local, county, state, and/or federal)?
Yes [] No []

If yes, provide the name and address of each agency and date of application and what step and status you have reached in the hiring process: Submitted application, Oral interview, Physical Abilities Test, Withdrew etc.

Example: Police Dept. Fairhaven, Ma 8/19/15 Oral Interview pending result

Agency Name	Application Date	Step reached in hiring process/status

Do you possess a valid driver's license from the Commonwealth of Massachusetts? Yes [] No []

If yes, what is your Driver's License #? _____

Have you ever been required to attend any remedial driver training class or been determined to be an habitual traffic offender?
Yes [] No []

Has your driver's license in this state, or any other state, ever been suspended or revoked?
Yes [] No []

If yes, provide details.

Have you ever been given a traffic ticket? Yes [] No []

Have you ever had a traffic accident? Yes [] No []

Have you ever driven a vehicle that was not properly registered and/or insured? Yes [] No []

Within the last 12 months, have you driven a motor vehicle when you felt that you would have been considered legally intoxicated?
Yes [] No []

List all motor vehicles (lic plate# and make/model) currently owned, registered or operated by you;

Past Drug Use:

Have you ever used or possessed Heroin, Morphine or Codeine? Yes [] No []

Have you ever used or possessed Marijuana or hash? Yes [] No []

Have you ever used or possessed Cocaine? Yes [] No []

Have you ever used or possessed Steroids? Yes [] No []

Have you ever been in the presence of someone using or possessing any drug? Yes [] No []

Do you have any relatives that are currently employed by the New Bedford Police Department?

If yes, please provide name and relationship. Yes [] No []

Do you have any relatives that were previously employed by the New Bedford Police Department?

If yes, please provide name and relationship. Yes [] No []

Do you personally know any police officers employed with the New Bedford Police Department?

If yes, please provide name and rank (if known). Yes [] No []

As a public safety agency, the New Bedford Police Department operates 24 hours per day, seven days a week, including holidays. Are you willing and able to work on any shift, including holidays and weekends, to which you may be assigned?

Yes [] No []

If no, please explain:

If your application is considered favorably, on what date are you available to start work?

FINANCIAL HISTORY

Credit Report:

As part of this application packet, it is incumbent upon you to provide us with a copy of your credit report and it is required as an attachment to this application when you submit it for the application to be considered complete.

The following information will assist you in obtaining this report. The Fair Credit Reporting Act (FCRA) requires each of the nationwide consumer reporting companies – Equifax, Experian and TransUnion to provide you with a FREE copy of your credit report, at your request, once every 12 months. This is the link that you will need. <https://www.annualcreditreport.com/cra/index.jsp>. If you have difficulty in obtaining your credit report online, please, print out the screen that states that it cannot be done online. Enclose the print out with a note about when and how you will have to obtain the report.

List all credit card accounts for which you are responsible.

Card Name & Address	Account Number	Amount Owed

Have you ever been delinquent on any credit payments, utility bills, alimony, child support payment or tax payment?

Yes [] No []

Have you ever had any bills turned over to a collection agency?

Yes [] No []

Have you ever filed bankruptcy?

Yes [] No []

Have you ever had property repossessed?

Yes [] No []

Do you now owe money for traffic fines?

Yes [] No []

Do you now owe money for parking tickets?

Yes [] No []

Do you now owe money for excise taxes?

Yes [] No []

Do you now owe money for any moving violations?

Yes [] No []

Do you now owe money for income taxes?

Yes [] No []

If you answered "Yes" to any of the questions above please, provide the details including the amount owed and to whom it is owed. _____

Have you ever fraudulently received any welfare, unemployment compensation, workers compensation, or other state or federal assistance? Yes [] No []

Have you ever filed a false insurance or workers compensation claim? Yes [] No []

If you answered "Yes" to any of the questions above please, provide the details including the dates.

Are you a party to any pending law suits? Yes [] No []

If yes, please explain: _____

Have you ever been, or are you now, a defendant in any civil court action? Yes [] No []

If yes, provide the nature of action, court, and docket number.

Nature of Action	Court	Docket No.

*****For Police Officer applicants only**

Personal Essay Writing Sample: Write a 150 word essay about why you want to become a police officer in this section or attach it on a separate sheet. *If you attach this essay as a separate sheet please note it here.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

EDUCATION

List the name and address of the following schools you attended and dates of graduation.

	School Name, Address and Phone Number	Graduated Yes/No	# of Years Attended	Degree	Major
High School					
College					
Graduate					
Other: Equivalency, etc.					
Courses Now Studying:					

PO applicants-Attach a certified copy of your high school transcript documenting your successful graduation.

Were you ever dismissed or expelled from a school? Yes [☐] No [☐]

If yes, provide school, date and action taken.

School: _____ Date: _____

Action Taken: _____

Was disciplinary action, including scholastic probation, ever taken against you during your scholastic career? Yes [☐] No [☐]

If yes, provide school, date and action taken.

School: _____ Date: _____

Action Taken: _____

*List awards, honors, citations, positions held in school organizations, athletic endeavors, any other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. (*Exclude those organizations and awards which by their nature, name or character indicate the religion, race or national origin of its members.*)

List any special abilities, interests, sports or hobbies along with degrees of proficiency:

Indicate your proficiency in foreign language/s as either "good", or "fluent" in each of the categories. If you do not speak any foreign language indicate "none" in the first line under the Language column.

Language	Speak		Understand		Read		Write	
	Good	Fluent	Good	Fluent	Good	Fluent	Good	Fluent

Are you a member of the Bar? Yes [] No []
If yes, list state(s) in which you are admitted.

Are you now or have you ever been a member or associate of a street gang, criminal enterprise or any group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, gender preference, or disability? Yes [] No []

If yes, list name(s) of the organization and when you were affiliated.

**** For Police Officer applicants only**

**Are you willing and do you feel capable of employing lawful deadly force or lesser physical force in the course of your duties as a police officer? Yes [] No []

**Can and will you be able to accept and carry out orders that are not necessarily consistent with your personal wants and beliefs? Yes [] No []

Are you willing to and capable of functioning in a paramilitary environment? Yes [] No []

Please list any office machines, special equipment or computer systems with which you have experience. Also include your degree of proficiency with each.

EMPLOYMENT HISTORY

In reverse chronological order, list all employments, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth the dates of unemployment. Applicants may also include verifiable work performed on a volunteer basis.

Dates		Name and Address of Employment
From Mo./Yr.	To Mo./Yr.	
Your Position or Title:		Supervisor's Name, Title, and Phone Number:
Reason for Leaving:		

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Your Position or Title:		Supervisor's Name, Title, and Phone Number:
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Dates		Name and Address of Employment
From Mo./Yr.	To Mo./Yr.	
Your Position or Title:		Supervisor's Name, Title, and Phone Number:
Reason for Leaving:		

Employment History Continued;

Dates		Name and Address of Employment
From Mo./Yr.	To Mo./Yr.	
Your Position or Title:		Supervisor's Name, Title, and Phone Number:
Reason for Leaving:		

Dates		Name and Address of Employment
From Mo./Yr.	To Mo./Yr.	
Your Position or Title:		Supervisor's Name, Title, and Phone Number:
Reason for Leaving:		

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Your Position or Title:		Supervisor's Name, Title, and Phone Number:
Reason for Leaving:		

Dates		Name and Address of Employment
From Mo./Yr.	To Mo./Yr.	
Your Position or Title:		Supervisor's Name, Title, and Phone Number:
Reason for Leaving:		

Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment?
Yes [] No []

If yes, give details:

Are you eligible for rehiring with each of your former employers?

Yes [] No []

If no, please explain:

Are you involved in the community or do you do any volunteer work?

Yes [] No []

If yes, please explain:

Have you ever been terminated from a job?

Yes [] No []

Have you ever walked off a job without notice?

Yes [] No []

Have you ever been suspended or received a written reprimand at work?

Yes [] No []

Have you ever collected unemployment while working “under the table” for cash?

Yes [] No []

Have you ever taken time off work claiming to be sick when you were not?

Yes [] No []

Have you ever withheld information or provided false information on a job application or during an employment interview? Yes [] No []

Yes [] No []

Employment History Notes:

[illegible]

MILITARY SERVICE

Are you properly registered with the Selective Service? Yes ☐ No ☐

Have you ever served on active duty in the Armed Forces of the United States or the National Guard?

Yes ☐ No ☐

If yes, what was the highest rank attained?

If yes, please complete each of the following.

Branch of Military Service:

Serial Number:

Dates of Active Duty

From: _____

To: _____

Type of Discharge:

Date of Discharge:

Member of Reserve?

Yes ☐ No ☐

Branch: _____

Was any type of disciplinary action taken against you in the Military Service such as a written reprimand?

Yes ☐ No ☐ If yes, please explain.

Are you now or were you formerly in the National Guard? Present ☐ Former ☐ Never ☐

If you are presently a member of the National Guard and attend drills, meetings, or camps, provide the name of the unit and location and describe your obligation.

Summer Camp or Similar Training Attendance From: _____ To: _____

Do you claim Veterans Preference under the Civil Service Law? Yes [] No []

☐ Active Duty in Lebanon ☐ Active Duty in Persian Gulf

[] Active Duty in Panamanian Intervention Force

☐ Other (explain): _____

If you were ever a member of the Armed Services, were you court-martialed? Yes [] No []

If yes, please explain.

Military Service History Summary: Please write a brief descriptive summary of your military service including where you have served, your duties at each assignment, and your supervisor/s name and contact number/s.

REFERENCES

List three references (**not relatives, in-laws, former or present supervisors or co-workers or school teachers**) who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

First Reference

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Second Reference

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

Third Reference

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How Does This Person Know You? _____

How Long Has This Person Known You? _____

CRIMINAL RECORD

Note: With regard to questions contained in this section, under Massachusetts Law, you may answer "no record" if any of the following circumstances are applicable:

- (1) *You have never been arrested for violation of a criminal statute;*
- (2) *You have been arrested but have never been tried for a criminal offense;*
- (3) *You have been tried for a criminal offense but were not convicted;*
- (4) *You have a first conviction for any of the following misdemeanors:*
 - (a) *drunkenness* (b) *simple assault* (c) *speeding*
 - (d) *minor traffic violation* (e) *affray or* (f) *disturbance of the peace;*
- (5) *You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;*
- (6) *You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law; or*
- (7) *You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.*

Have you ever been convicted of a felony?

Yes [] No []

Have you ever been convicted of a sexual offense?

Yes [] No []

If you have answered yes, please state the following;

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

Have you ever been convicted of a narcotic drug offense?

Yes [] No []

If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

Have you ever been sentenced to imprisonment after conviction of a crime? Yes [] No []
 If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

Are you now under charge for any criminal offense on which you are awaiting trial or final disposition?
 If you have answered yes, please state the following. Yes [] No []

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or any other domestic violence, abuse prevention or "no contact" order in this or any other state?
 Yes [] No []

If you have answered yes, please explain when and where.

Date	Police/Department	Charge/Court/Disposition	Docket No.

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LICENSES

Do you have experience with firearms?
If yes, please explain.

Yes [] No []

Have you ever been issued a license to carry firearms?
If yes, please specify.

Yes [] No []

Issued By	Date Issued	Reason	Firearm License Number

Have you ever applied for and been denied a license to carry a firearm or been the subject of a hearing to revoke your permit/license?
If yes, please specify.

Yes [] No []

Denied By	Date Denied	Reason

Have you ever been issued a Firearms Identification Card?
If yes, please specify.

Yes [] No []

Issued By	Date Issued	Card Number

Have you ever applied for and been denied a Firearms Identification Card?
If yes, please specify.

Yes [] No []

Denied By	Date Denied	Reason

If you have been revoked or denied a Firearms License please explain circumstances below

Additional Notes Section:

Please reference which section/s or page/s the note pertains to with information:

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**IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS
A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.
AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND
CIVIL LIABILITY.**



**CITY OF NEW BEDFORD
MASSACHUSETTS
DEPARTMENT OF POLICE
871 Rockdale Avenue
New Bedford, MA 02740-2705
508-991-6300**



**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING
THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.**

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I or the New Bedford Police Department may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that the New Bedford Police Department has established day and night tours for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the New Bedford Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the New Bedford Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate the New Bedford Police Department, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Printed Name of Applicant

Signature of Applicant



**CITY OF NEW BEDFORD
MASSACHUSETTS
DEPARTMENT OF POLICE
871 Rockdale Avenue
New Bedford, MA 02740-2705
508-991-6300**



GENERAL RELEASE

I, _____, born in _____,
(first name, middle initial, last name) (city, state)
on _____, having filed an application for employment with the New
(date of birth)

Bedford Police Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. I also agree that such information as may be received, reported to and reviewed by the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the New Bedford Police Department any such information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the New Bedford Police Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, in addition, I hereby authorize the release of the following data or records to the New Bedford Police Department: _____

I hereby release, discharge and exonerate the New Bedford Police Department, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the New Bedford Police Department.

I agree that, with the exception of an investigative consumer (credit) report, any information furnished may be declared "confidential" by the police department and need not be disclosed to me.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Printed Name of Applicant

Printed Name of Witness

Signature of Applicant

Signature of Witness

Date: _____



**CITY OF NEW BEDFORD
MASSACHUSETTS
DEPARTMENT OF POLICE
871 Rockdale Avenue
New Bedford, MA 02740-2705
508-991-6300**



***CRIMINAL AND DRIVER HISTORY AUTHORIZATION
ACKNOWLEDGMENT***

I, _____ residing at _____
(first name, middle initial, last name) (street address)

_____, _____, acknowledge that a Criminal History (CORI) and Driver's
(city, state)
History check will be performed as part of the New Bedford Police Department's hiring process. I further
acknowledge that a refusal to allow the CORI check and Driver's History check to be performed will cause
my application to no longer be considered for employment.

I hereby authorize the New Bedford Police Department to obtain and/or receive any criminal history record
and drug history record information pertaining to me, which may be in the files of any state or local
criminal justice agency in any State, County or Country.

Date

Printed Name of Applicant

Signature of Applicant



New Bedford Police Department

871 Rockdale Avenue, New Bedford, MA 02740
Phone: 508-991-6300 Admin Fax: 508-991-6303

Jonathan F. Mitchell
Mayor

Joseph C. Cordeiro
Chief of Police

Paul J. Oliveira
Deputy Chief of Police

****For Police Officer and Cadet Candidates ONLY**

(Date of appointment)

Police officers must reside within the City of New Bedford for the first ten (10) years of employment.

The City of New Bedford and the New Bedford Police Union entered into a residency agreement in accordance with the New Bedford Police contract effective 7/1/16 - 6/30/18, specifically Article XVI "Residence of Police Officers" states:

- (1.) "Police Officers employed prior to August 1, 1978 shall reside within fifteen (15) miles of the limits of the City of New Bedford in Massachusetts. Said distance shall be measured from the closest border limits of the City of New Bedford to the closest border limits to the City or Town in which said Police Officer resides."

"Police Officers hired prior to March 24, 2018 shall reside in the City of New Bedford for no less than four (4) consecutive years from date of employment. Police Officers hired after March 24, 2018 shall reside in the City of New Bedford for no less than ten (10) consecutive years from date of employment.

Failure to comply with the residency provision may be reason for termination after written notice and a hearing before the appointing authority or his designee. In order to avoid any misunderstanding this letter is intended to clearly inform you of your obligation to comply. A copy will be maintained in your Personnel file.

You are instructed to immediately notify your department head and / or payroll clerk of any change of address. If you have any questions about this condition of employment, we ask that you please contact the Department of Labor and Personnel in City Hall for clarification.

(Print Name of Employee)

(Signature of Employee)



New Bedford Police Department

871 Rockdale Avenue, New Bedford, MA 02740
Phone: 508-991-6300 Admin Fax: 508-991-6303

Jonathan F. Mitchell
Mayor

Joseph C. Cordelro
Chief of Police

Paul J. Oliveira
Deputy Chief of Police

***** For Emergency Telecommunications Dispatcher/Cadet applicants ONLY.**

TRAINING FEE AGREEMENT

Agreement made this _____ day of _____, by and between the City of New Bedford, Massachusetts, acting by and through its Mayor (the "City") and employee _____.
(Employee's Printed Name).

For good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, the City and the above named employee agree as follows:

The City agrees to assume and be responsible for the costs of 911/communications training provided, however, that said employee remains in the employ of the City of New Bedford Police Department for a period of one (1) year. Should said employee leave the employ of the City of New Bedford Police Department less than one (1) year after beginning employment with the New Bedford Police Department, then he/she shall be responsible to reimburse the City of New Bedford the full sum of One Thousand Dollars (1,000.00). Said sum may be deducted from any severance monies due at the completion of City employment. Should said severance monies be insufficient to cover the amount due in total, the employee will be individually responsible for the remainder of the balance.

Executed as a sealed instrument.

City of New Bedford

By: _____
Jonathan F. Mitchell
Mayor

Employee

WITHDRAWAL FORM

THIS FORM IS TO BE FILLED OUT ONLY IF AT ANY POINT IN THE HIRING PROCESS YOU NO LONGER WANT TO BE CONSIDERED FOR EMPLOYMENT WITH OUR DEPARTMENT.

Printed Name: _____

I would like to withdraw from consideration as a candidate for the position of

(job title applied for) _____

with the City of New Bedford Police Department.

Sign: _____ Date: _____

Please return this completed form to the New Bedford Police Department either in person, by fax, electronically or by mail.

Contact information is as follows;

Lt. Evan Bielski
New Bedford Police Department
Training/Administrative Division
871 Rockdale Ave.
New Bedford, MA 02740

Phone#: 508-991-6300 ext. 79410 or 79413
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Thank you.

Date Received: _____ Received by: _____



New Bedford Police General Order

Subject ENHANCED 9-1-1 EMERGENCY TELEPHONE SYSTEM	General Order Number 10-04
Date of Issue 01/31/97	Effective Date 01/31/97
Re-evaluation Date	___ New ___ Amends
C.A.L.E.A.	Cross references

CALL HANDLING PROCEDURES

1. GENERAL 9-1-1 CALL HANDLING

A. All 9-1-1 calls will be answered with:

"9-1-1, This call is being recorded, What is your emergency?" NOTE: Do not identify yourself as a particular agency, i.e. police department or fire department, etc. The call may be for the police, fire, or medical and/or it may have been transferred from another PSAP, which has experienced a 9-1-1 system failure.

B. Each call taker will do the following for every 9-1 -1 - call received:

1. Verify with the caller the Automatic Location Identification (ALI) information. All ALI/ANI information is confidential and is not to be given to the caller.
2. Determine the exact location of the address where the emergency assistance has been requested NOTE: Do not assume that the call for service is at the address on the ALI screen. The caller may not be calling from the actual location of the emergency, or may be reporting an emergency in another city or town.
3. Obtain the name of the caller. Do not assume that the ANI information is correct . Callers have the right to remain anonymous and their anonymity should be noted on the CAD information screen.

C. Transferring Calls

1. All calls for Fire Department emergencies will be routinely transferred, as quickly as possible. All **emergency calls** are to be handled by the police communication's personnel.
2. No caller shall be required to speak with more than two (2) call takers. If a call taker receives a misdirected **emergency call**, that was transferred from any other PSAP or agency, the call taker shall gather the necessary information and relay the information to the proper agency or PSAP.
3. No call will be transferred without the caller first being informed of the transfer. The caller should be told to remain on the line and should be given the name of the agency to whom the call is being transferred. During peak operating hours only emergency calls are to be answered on the 9-1 -1 number. All calls for information or directions may be transferred to the recorded transfer key or manually transferred to the appropriate division.
4. Call takers shall verify that any transferred call has been answered before disconnecting and ensure that the ALI information corroborates with the location that is being given by the caller, by listening.
5. All requests for **emergency service** outside of the City of New Bedford shall promptly be forwarded to the public safety answering point or agency responsible for that geographical area unless it is a call for mutual aid from another agency or if the caller had already been inadvertently transferred from another PSAP. (See Handling Alternate PSAP Calls).

D. Emergency Service Zones and Mutual Aid Calls for Service

1. The New Bedford PSAP will be responsible for receiving and immediately dispatching all emergency calls requiring police, EMS, or paramedic assistance following established dispatching procedures. The New Bedford PSAP emergency response zone is one zone covering the entire city. Police, Fire, and EMS will have individual response areas for each unit or station according to their response plans, but the emergency zone will be the same for all agencies, i.e. **ZONE 1**.
2. All emergency calls for the Fire Department shall be transferred using the single button transfer key. The Fire Department is a **limited PSAP** with ALI printout capabilities. The Police shall be dispatched on all fire emergencies where the police assistance is required. If a police emergency requires the assistance of the Fire Department, they will be called by phone following current procedures and logged in the computer as a *backup unit*.
3. If an emergency unit from New Bedford responds to a call for mutual aid outside the city limits they shall render service to the requesting agency until relieved by the public safety agency responsible for that geographical area or until the emergency response is completed.

E. Handling Emergency Medical Response

1. When it is determined that a request for an ambulance is of a Priority One nature, then in addition to dispatching a police unit, the call-taker shall notify the Fire Department Dispatch Center of the location and nature of the call.
 - a. Priority One calls are those in which the Paramedics would normally be dispatched in addition to EMS. The Standard Operating Procedures found in the departmental computer system will also aid in this determination.
 - b. The Fire Department may also be utilized in those instances other than Priority One calls in which there is no available police unit to dispatch.
 - c. Call takers shall also notify the Fire Department Dispatch in those instances requiring a Mutual Aid ambulance response.
 - d. It is not required that Fire Department personnel be dispatched to Priority One calls at any Nursing Home, Medical Walk-in Clinic, or Doctor's Office on a routine basis. Additionally, Fire Department personnel need not be dispatched to police headquarters facility under the same circumstances.
 - e. In the event that a mutual aid ambulance is dispatched the Fire Department shall be dispatched and standby pending the arrival of the ambulance.
2. Whenever the Fire Department is dispatched in response to a Medical Emergency, a determination will be made by EMS personnel as to the need for a continued presence by the police personnel who may have been dispatched. In the event that the police personnel are not required to remain on the scene, then the EMS personnel shall so notify Communications and responding police unit can be placed back into service.
 - a. In the event that a crime has been committed or a potential for violence exists, then it is expected that the officer should remain on the scene.
 - b. If in the responding officer's judgment, the circumstances require a police presence, the patrol supervisor shall be contacted to make a determination.
 - c. The decision to remain or vacate the scene should be predicated upon the safety of public safety personnel and that of the public.

F. Handling Alternate PSAP Calls

1. When it has been determined that the call being handled is from an Alternate PSAP, i.e. Fall River, the call taker shall determine the type of emergency, and only if circumstances allow, transfer the call to the appropriate agency, i.e. Fall River Police or Fall River Fire & EMS. As with all transfer calls, the caller should be informed of the transfer and told to stay on the line. The call handler shall notify the receiving PSAP that the transfer is taking place. If circumstances do not allow for a transfer, or if the call taker is aware of a system breakdown at the alternate PSAP, the call taker shall handle the call himself by obtaining all necessary information, and then shall notify the appropriate agency of the call by using their seven digit PSAP number. In the event that no phone contact can be made, the county regional radio channel should be used.
2. Whenever an alternate PSAP call is handled by a call taker, the call taker shall notify the PSAP when placing a transfer, and shall enter the following information on the Alternate PSAP Call Log which shall be located in the Communications Division.
 - 1./ Date 2./ Time 3./ Location of Incident 4./ Agency Transferred To 5./ What Line Transfer Was Made OnThe Log shall be maintained and inspected by the MIS Unit. If it is apparent to the call taker that there is a system breakdown at the PSAP location, a notation on the log will suffice, rather than several entries.

II. ENHANCED 9-1-1 EQUIPMENT

A. Answering Position Units

1. All takers and dispatchers shall log on the APU which they will be using during their tour of duty and shall log off each time they will be away from the APU. Call takers should not use APU's that have been logged to someone else's personal I.D. Number.

2. It is the PSAP personnel's responsibility to contact the Service Response Center (SRC) whenever there is a problem with any E-9-1-1 equipment. A written memo shall be forwarded to the MIS Unit whenever the SRC has been contacted, stating the problem and what measures, if any, were taken to correct the problem. The communications supervisor shall be notified whenever the SRC is contacted.
3. The inter PSAP phone line is NOT to be used for ANY calls other than calls to another PSAP.

B. ALI Discrepancy

1. All ALI discrepancies shall be reported to the MIS Unit by completing an ALI Discrepancy Form. The form shall be completed by the call taker prior to the completion of his tour of duty. The form shall be completed for incorrect information displayed, no record found and/or mis-routed calls.
2. The MIS Supervisor shall validate, verify and sign the form, and forward two copies to the NYNEX E 9-1-1 DMC. One copy shall be kept by the MIS Unit for future reference.
3. Call takers shall notify the M.I.S. Unit, by written memo, whenever there is a discrepancy between the ALI information and the CAD locations file information.

III. SPECIAL CALL HANDLING

A. Silent Calls and Abandoned Calls

1. A silent call is a 9-1-1 call received at the PSAP where no audible voice or tone is detected. All silent calls shall be processed as a TTY call before being released. If the call is not TTY, the number should be stored and redialed. An abandoned call is a call placed to 9-1-1 where the caller disconnects before the call can be answered by the PSAP call taker. The call taker shall call back the silent or abandoned 9-1-1 call by obtaining the telephone number from the ANI display, printer, or by using the store/recall feature and attempt to identify who made the call and the reason for the call.
2. A police unit will be dispatched to investigate the abandoned or silent call if-
 - a. The call-back is unanswered or busy.
 - b. After having conversation with someone at the ALI address, there is reason to believe that an emergency or unusual situation exists.

B. Hang Up or Interrupted Calls

1. A hang up call is a call placed to 9-1-1 in which the caller is disconnected before the call taker is satisfied with the information obtained because the call was interrupted for some unknown reason,
2. Using the ANI screen, or the store/recall/redial feature, the call taker will immediately call back the telephone number at the location of the hang up call to determine why the call was interrupted.
3. A police unit will be dispatched to investigate the hang up call if-
 - a. The call back is unanswered or busy,
 - b. After having conversation with someone at the ANI address, there is reason to believe that an emergency or unusual situation exists.
4. Call taker should immediately dispatch police, fire, or EMS before attempting a call back if circumstances of the hang up warrant such action.

C. Answering Non-9-1-1 (Seven Digit Line) Emergency Calls

1. All incoming calls on the 7-digit emergency line shall be answered with "New Bedford Police Emergency, this call is being recorded", and shall be handled in the same manner as other 911 calls.
2. Certain situations may require that call takers must initiate a trace on this line, and the call takers should notify the communications supervisor, and follow current tracing procedures.

D. Answering Routine Business Lines

1. Priority SHALL always be given to 9- 1 -1 and emergency lines.
2. ALL Routine Business Lines SHALL be answered in the following manner: "New Bedford Police, Headquarters, Off. Smith, This call is being recorded."

Carl K. Moniz
Acting Chief of Police

cc: All Divisions and Bureaus